

<010> Study Area Code	388007
<015> Study Area Name	Standing Rock Telecommunications, Inc.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Albert Kangas
<035> Contact Telephone Number: Number of the person identified in data line <030>	3204927510 ext.
<039> Contact Email: Email of the person identified in data line <030>	akangas@corewg.com

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<input checked="" type="radio"/> <input type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<div style="border: 1px solid black; padding: 2px;"> form481standingrocktelecommunications389014.pdf </div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<div style="border: 1px solid black; padding: 2px;">389014</div>
<043> Cite the date of the Form 481 reporting	<div style="border: 1px solid black; padding: 2px;">07/01/2014</div>
<050> <u>Carrier Contact Information</u> <small>(has the contact info. changed since prior filing? Yes or No)</small> <small>(if yes, complete the attached worksheet)</small>	<input type="radio"/> <input checked="" type="radio"/>
<060> <u>Coverage and Performance Report</u> <small>(complete attached worksheet)</small>	<input checked="" type="checkbox"/>
<070> <u>Urban Rate Comparability Certification</u> <small>(complete attached certification)</small>	<input checked="" type="checkbox"/>
<080> <u>Tribal Lands Reporting (y/n?)</u> <small>(Does this study area cover tribal lands? Yes or No)</small> <small>(if yes, complete the attached worksheet)</small>	<input checked="" type="radio"/> <input type="radio"/>
<090> <u>Project Update Information</u> <small>(complete attached worksheet)</small>	<input checked="" type="checkbox"/>
<100> <u>Certifications</u>	
<101> Reporting Carrier Certification <small>(complete attached certification)</small>	<input checked="" type="checkbox"/>
<102> Agent Certification <small>(complete attached certification)</small>	<input type="checkbox"/>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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<039>	Contact Email Address - Email Address of person identified in data line <030>	akanqas@corewg.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110> FCC Registration Number _____

<111> Filing Carrier Name _____

<112> Winning Bidder Carrier Name _____

<113> Street Address (or PO Box) _____

<114> City _____

<115> State _____

<116> Zip-Code _____

<117> Telephone Number _____

<118> Fax Number _____

<119> Email Address _____

Contact Information

if same as above, indicate in this box

☐

<120> Name (First, MI, Last, Suffix) _____

<121> Filing Carrier Name _____

<122> Street Address (or PO Box) _____

<123> City _____

<124> State _____

<125> Zip-Code _____

<126> Telephone Number _____

<127> Fax Number _____

<128> Email Address _____

Authorized Agent Information

if no agent, indicate in this box

☐

<120> Name (First, MI, Last, Suffix) _____

<121> Company _____

<122> Street Address (or PO Box) _____

<123> City _____

<124> State _____

<125> Zip-Code _____

<126> Telephone Number _____

<127> Fax Number _____

<128> Email Address _____

(060) Coverage and Performance Report

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 3 of 8

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<140>	Coverage and Performance Report Year	01/2014 - 12/2014

Electronic Shapefiles attachments

ELECTRONIC SHAPE FILES.zip

Name of Attached Document (.zip)

Drive Test Results attachments

Name of Attached Document (.zip)

Scattered Site Test Results attachments

Name of Attached Document (.zip)

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
				--	See attached worksheet							
				--								

Percentage of Total
Population Reached by
ServicePercentage of Total
Road Miles covered
by Service

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Standing Rock Telecommunications, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/31/2014
Printed name of Authorized Officer:	Miles McAllister
Title or position of Authorized Officer:	Manager
Telephone number of Authorized Officer:	7018547098 ext.
Study Area Code of Reporting Carrier:	388007 Filing Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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<142> State ND

Sioux County

<143> County _____

Standing Rock Reservation - Standing Rock Sioux

<144> Tribal Land(s) on which ETC Serves _____

388007_TLRa5_ND.pdf

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
Yes
Yes
NA
NA
NA
NA
NA
NA
NA

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<200>	Date Authorized to Receive Support	06/07/2013
<201>	Targeted Completion Date	03/30/2015
<202>	Total Mobility Fund Support Awarded	580895.0
<203>	Total Mobility Fund Support Disbursed	193632.0
<204>	Support Applied to Network Design	74800.0
<205>	Support Applied to Construction	70600.0
<206>	Support Applied to Deployment	48232.0
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	standingrocktelecommunications388007_status.pdf <i>{Name of PDF attached}</i>

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Standing Rock Telecommunications, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 07/31/2014

Printed name of Authorized Officer: Miles McAllister

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 7018547098 ext.

Study Area Code of Reporting Carrier: 388007

Filing Due Date for this form: 07/31/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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Attachments

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

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<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Sioux	380859408002404	0	0	0	0.76	0.0	0.0	Yes	No	No
ND	Sioux	380859408002030	0	0	0	0.42	0.0	0.0	Yes	No	No
ND	Sioux	380859408002078	0	0	0	1.69	0.0	0.0	Yes	No	No
ND	Sioux	380859408002043	0	0	0	1.49	0.0	0.0	Yes	No	No
ND	Sioux	380859408002079	0	0	0	2.43	0.0	0.0	Yes	No	No
ND	Sioux	380859408002272	0	0	0	0.54	0.0	0.0	Yes	No	No
ND	Sioux	380859408002112	7	0	0	1.04	0.0	0.0	Yes	No	No
ND	Sioux	380859408002047	0	0	0	1.52	0.0	0.0	Yes	No	No
ND	Sioux	380859408002045	0	0	0	0.72	0.0	0.0	Yes	No	No
ND	Sioux	380859408002310	2	0	0	0.17	0.0	0.0	Yes	No	No
ND	Sioux	380859408002299	0	0	0	1.49	0.0	0.0	Yes	No	No
ND	Sioux	380859408002316	0	0	0	0.86	0.0	0.0	Yes	No	No
ND	Sioux	380859408002015	0	0	0	0.23	0.0	0.0	Yes	No	No
ND	Sioux	380859408002394	0	0	0	0.14	0.0	0.0	Yes	No	No
ND	Sioux	380859408002096	0	0	0	1.15	0.0	0.0	Yes	No	No
ND	Sioux	380859408002105	0	0	0	0.06	0.0	0.0	Yes	No	No
ND	Sioux	380859408002185	3	0	0	0.05	0.0	0.0	Yes	No	No
ND	Sioux	380859408002385	2	0	0	6.37	0.0	0.0	Yes	No	No
ND	Sioux	380859408002108	0	0	0	4.09	0.0	0.0	Yes	No	No
ND	Sioux	380859408002391	0	0	0	2.28	0.0	0.0	Yes	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

(060) Coverage and Performance Report

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Sioux	380859408002304	8	0	0	7.74	0.0	0.0	Yes	No	No
ND	Sioux	380859408002418	0	0	0	0.18	0.0	0.0	Yes	No	No
ND	Sioux	380859408002103	3	0	0	11.41	0.0	0.0	Yes	No	No
ND	Sioux	380859408002095	0	0	0	4.69	0.0	0.0	Yes	No	No
ND	Sioux	380859408002415	0	0	0	0.92	0.0	0.0	Yes	No	No
ND	Sioux	380859408002080	0	0	0	0.69	0.0	0.0	Yes	No	No
ND	Sioux	380859408002035	0	0	0	0.2	0.0	0.0	Yes	No	No
ND	Sioux	380859408002387	0	0	0	2.72	0.0	0.0	Yes	No	No
ND	Sioux	380859408002388	6	0	0	4.74	0.0	0.0	Yes	No	No
ND	Sioux	380859408002178	0	0	0	1.9	0.0	0.0	Yes	No	No
ND	Sioux	380859408002064	0	0	0	0.63	0.0	0.0	Yes	No	No
ND	Sioux	380859408002016	0	0	0	3.67	0.0	0.0	Yes	No	No
ND	Sioux	380859408002061	0	0	0	0.45	0.0	0.0	Yes	No	No
ND	Sioux	380859408002274	0	0	0	4.89	0.0	0.0	Yes	No	No
ND	Sioux	380859408002110	3	0	0	12.36	0.0	0.0	Yes	No	No
ND	Sioux	380859408002407	0	0	0	4.54	0.0	0.0	Yes	No	No
ND	Sioux	380859408002353	0	0	0	0.1	0.0	0.0	Yes	No	No
ND	Sioux	380859408002355	0	0	0	2.05	0.0	0.0	Yes	No	No
ND	Sioux	380859408002278	0	0	0	1.45	0.0	0.0	Yes	No	No
ND	Sioux	380859408002382	0	0	0	4.02	0.0	0.0	Yes	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Sioux	380859408002324	0	0	0	0.27	0.0	0.0	Yes	No	No
ND	Sioux	380859408002176	0	0	0	5.03	0.0	0.0	Yes	No	No
ND	Sioux	380859408002183	0	0	0	9.59	0.0	0.0	Yes	No	No
ND	Sioux	380859408002059	0	0	0	1.12	0.0	0.0	Yes	No	No
ND	Sioux	380859408002277	0	0	0	1.47	0.0	0.0	Yes	No	No
ND	Sioux	380859408002271	0	0	0	5.21	0.0	0.0	Yes	No	No
ND	Sioux	380859408002060	0	0	0	0.03	0.0	0.0	Yes	No	No
ND	Sioux	380859408002098	0	0	0	14.82	0.0	0.0	Yes	No	No
ND	Sioux	380859408002032	0	0	0	2.89	0.0	0.0	Yes	No	No
ND	Sioux	380859408002417	3	0	0	0.5	0.0	0.0	Yes	No	No
ND	Sioux	380859408002302	0	0	0	0.99	0.0	0.0	Yes	No	No
ND	Sioux	380859408002321	0	0	0	2.21	0.0	0.0	Yes	No	No
ND	Sioux	380859408002114	0	0	0	0.6	0.0	0.0	Yes	No	No
ND	Sioux	380859408002320	2	0	0	3.55	0.0	0.0	Yes	No	No
ND	Sioux	380859408002033	87	0	0	1.0	0.0	0.0	Yes	No	No
ND	Sioux	380859408002034	0	0	0	0.12	0.0	0.0	Yes	No	No
ND	Sioux	380859408002298	0	0	0	1.16	0.0	0.0	Yes	No	No
ND	Sioux	380859408002318	0	0	0	0.13	0.0	0.0	Yes	No	No
ND	Sioux	380859408002077	0	0	0	0.53	0.0	0.0	Yes	No	No
ND	Sioux	380859408002120	0	0	0	2.46	0.0	0.0	Yes	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	388007
<015>	Study Area Name	Standing Rock Telecommunications, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Albert Kangas
<035>	Contact Telephone Number - Number of person identified in data line <030>	3204927510 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	akangas@corewg.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Sioux	380859408002405	0	0	0	4.62	0.0	0.0	Yes	No	No
ND	Sioux	380859408002101	0	0	0	2.13	0.0	0.0	Yes	No	No
ND	Sioux	380859408002118	0	0	0	0.13	0.0	0.0	Yes	No	No
ND	Sioux	380859408002075	0	0	0	0.3	0.0	0.0	Yes	No	No
ND	Sioux	380859408002074	0	0	0	0.56	0.0	0.0	Yes	No	No
ND	Sioux	380859408002055	0	0	0	1.03	0.0	0.0	Yes	No	No
ND	Sioux	380859408002119	2	0	0	0.86	0.0	0.0	Yes	No	No
ND	Sioux	380859408002088	6	0	0	14.42	0.0	0.0	Yes	No	No
ND	Sioux	380859408002315	0	0	0	0.08	0.0	0.0	Yes	No	No
ND	Sioux	380859408002048	0	0	0	0.75	0.0	0.0	Yes	No	No
ND	Sioux	380859408002386	0	0	0	0.05	0.0	0.0	Yes	No	No
ND	Sioux	380859408002018	0	0	0	0.28	0.0	0.0	Yes	No	No
ND	Sioux	380859408002084	0	0	0	0.39	0.0	0.0	Yes	No	No
ND	Sioux	380859408002087	0	0	0	0.04	0.0	0.0	Yes	No	No
ND	Sioux	380859408002076	0	0	0	0.23	0.0	0.0	Yes	No	No
ND	Sioux	380859408002089	0	0	0	1.96	0.0	0.0	Yes	No	No
ND	Sioux	380859408002067	0	0	0	0.75	0.0	0.0	Yes	No	No
ND	Sioux	380859408002071	0	0	0	0.43	0.0	0.0	Yes	No	No
ND	Sioux	380859408002389	0	0	0	0.38	0.0	0.0	Yes	No	No
ND	Sioux	380859408002113	0	0	0	5.86	0.0	0.0	Yes	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

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ND	Sioux	380859408002001	0	0	0	0.2	0.0	0.0	Yes	No	No
ND	Sioux	380859408002175	0	0	0	4.81	0.0	0.0	Yes	No	No
ND	Sioux	380859408002317	0	0	0	0.21	0.0	0.0	Yes	No	No
ND	Sioux	380859408002393	0	0	0	0.31	0.0	0.0	Yes	No	No
ND	Sioux	380859408002307	0	0	0	3.36	0.0	0.0	Yes	No	No
ND	Sioux	380859408002042	0	0	0	20.73	0.0	0.0	Yes	No	No
ND	Sioux	380859408002044	0	0	0	1.31	0.0	0.0	Yes	No	No
ND	Sioux	380859408001068	0	0	0	0.2	0.0	0.0	Yes	No	No
ND	Sioux	380859408002062	0	0	0	2.69	0.0	0.0	Yes	No	No
ND	Sioux	380859408002165	2	0	0	11.39	0.0	0.0	Yes	No	No
ND	Sioux	380859408002019	0	0	0	7.97	0.0	0.0	Yes	No	No
ND	Sioux	380859408002086	0	0	0	0.69	0.0	0.0	Yes	No	No
ND	Sioux	380859408002423	13	0	0	0.09	0.0	0.0	Yes	No	No
ND	Sioux	380859408002109	0	0	0	0.88	0.0	0.0	Yes	No	No
ND	Sioux	380859408002305	2	0	0	9.4	0.0	0.0	Yes	No	No
ND	Sioux	380859408002058	0	0	0	0.48	0.0	0.0	Yes	No	No
ND	Sioux	380859408002073	2	0	0	0.85	0.0	0.0	Yes	No	No
ND	Sioux	380859408002312	0	0	0	0.97	0.0	0.0	Yes	No	No
ND	Sioux	380859408002408	0	0	0	0.06	0.0	0.0	Yes	No	No
ND	Sioux	380859408002392	13	0	0	8.51	0.0	0.0	Yes	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

0

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<039>	Contact Email Address - Email Address of person identified in data line <030>	akangas@corewg.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

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ND	Sioux	380859408002094	0	0	0	0.49	0.0	0.0	Yes	No	No
ND	Sioux	380859408002066	0	0	0	0.09	0.0	0.0	Yes	No	No
ND	Sioux	380859408002065	0	0	0	1.55	0.0	0.0	Yes	No	No
ND	Sioux	380859408002063	0	0	0	13.11	0.0	0.0	Yes	No	No
ND	Sioux	380859408002416	2	0	0	2.93	0.0	0.0	Yes	No	No
ND	Sioux	380859408002106	0	0	0	2.1	0.0	0.0	Yes	No	No
ND	Sioux	380859408002379	0	0	0	2.87	0.0	0.0	Yes	No	No
ND	Sioux	380859408002384	2	0	0	1.9	0.0	0.0	Yes	No	No
ND	Sioux	380859408002410	3	0	0	0.1	0.0	0.0	Yes	No	No
ND	Sioux	380859408002281	0	0	0	1.49	0.0	0.0	Yes	No	No
ND	Sioux	380859408002314	0	0	0	0.37	0.0	0.0	Yes	No	No
ND	Sioux	380859408002419	34	0	0	0.21	0.0	0.0	Yes	No	No
ND	Sioux	380859408001097	0	0	0	0.03	0.0	0.0	Yes	No	No
ND	Sioux	380859408002111	0	0	0	0.81	0.0	0.0	Yes	No	No
ND	Sioux	380859408002174	0	0	0	1.75	0.0	0.0	Yes	No	No
ND	Sioux	380859408002390	0	0	0	1.59	0.0	0.0	Yes	No	No
ND	Sioux	380859408002132	3	0	0	5.9	0.0	0.0	Yes	No	No
ND	Sioux	380859408002329	0	0	0	1.5	0.0	0.0	Yes	No	No
ND	Sioux	380859408002323	1	0	0	2.62	0.0	0.0	Yes	No	No
ND	Sioux	380859408002013	0	0	0	0.19	0.0	0.0	Yes	No	No

Percentage of
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0

Percentage of Total
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<039>	Contact Email Address - Email Address of person identified in data line <030>	akangas@corewg.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

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ND	Sioux	380859408002327	0	0	0	0.45	0.0	0.0	Yes	No	No
ND	Sioux	380859408002300	0	0	0	0.8	0.0	0.0	Yes	No	No
ND	Sioux	380859408002381	0	0	0	1.24	0.0	0.0	Yes	No	No
ND	Sioux	380859408002085	3	0	0	6.89	0.0	0.0	Yes	No	No
ND	Sioux	380859408002420	0	0	0	1.09	0.0	0.0	Yes	No	No
ND	Sioux	380859408002309	7	0	0	21.03	0.0	0.0	Yes	No	No
ND	Sioux	380859408002383	0	0	0	1.04	0.0	0.0	Yes	No	No
ND	Sioux	380859408002275	0	0	0	0.29	0.0	0.0	Yes	No	No
ND	Sioux	380859408002070	0	0	0	5.63	0.0	0.0	Yes	No	No
ND	Sioux	380859408002072	0	0	0	9.23	0.0	0.0	Yes	No	No
ND	Sioux	380859408002056	0	0	0	0.45	0.0	0.0	Yes	No	No
ND	Sioux	380859408002287	0	0	0	5.87	0.0	0.0	Yes	No	No
ND	Sioux	380859408002171	0	0	0	0.14	0.0	0.0	Yes	No	No
ND	Sioux	380859408002104	0	0	0	1.48	0.0	0.0	Yes	No	No
ND	Sioux	380859408002117	0	0	0	0.4	0.0	0.0	Yes	No	No
ND	Sioux	380859408002093	0	0	0	1.35	0.0	0.0	Yes	No	No
ND	Sioux	380859408002352	0	0	0	0.03	0.0	0.0	Yes	No	No
ND	Sioux	380859408002092	0	0	0	1.34	0.0	0.0	Yes	No	No
ND	Sioux	380859408002328	0	0	0	3.13	0.0	0.0	Yes	No	No
ND	Sioux	380859408002102	0	0	0	4.91	0.0	0.0	Yes	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
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0

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<039>	Contact Email Address - Email Address of person identified in data line <030>	akangas@corewg.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<141>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
ND	Sioux	380859408002322	0	0	0	0.29	0.0	0.0	Yes	No	No
ND	Sioux	380859408002422	9	0	0	0.13	0.0	0.0	Yes	No	No
ND	Sioux	380859408002068	0	0	0	0.43	0.0	0.0	Yes	No	No
ND	Sioux	380859408001107	0	0	0	1.7	0.0	0.0	Yes	No	No
ND	Sioux	380859408001064	0	0	0	0.47	0.0	0.0	Yes	No	No
ND	Sioux	380859408002081	0	0	0	0.36	0.0	0.0	Yes	No	No
ND	Sioux	380859408002090	0	0	0	0.92	0.0	0.0	Yes	No	No
ND	Sioux	380859408002100	0	0	0	3.57	0.0	0.0	Yes	No	No
ND	Sioux	380859408002057	0	0	0	2.15	0.0	0.0	Yes	No	No
ND	Sioux	380859408002188	0	0	0	0.72	0.0	0.0	Yes	No	No
ND	Sioux	380859408002409	8	0	0	2.32	0.0	0.0	Yes	No	No
ND	Sioux	380859408002303	0	0	0	0.75	0.0	0.0	Yes	No	No
ND	Sioux	380859408002097	0	0	0	0.47	0.0	0.0	Yes	No	No
ND	Sioux	380859408002306	2	0	0	0.78	0.0	0.0	Yes	No	No
ND	Sioux	380859408002083	0	0	0	2.41	0.0	0.0	Yes	No	No
ND	Sioux	380859408002313	4	0	0	1.85	0.0	0.0	Yes	No	No
ND	Sioux	380859408002046	0	0	0	0.46	0.0	0.0	Yes	No	No
ND	Sioux	380859408002421	0	0	0	0.22	0.0	0.0	Yes	No	No
ND	Sioux	380859408002014	3	0	0	0.11	0.0	0.0	Yes	No	No
ND	Sioux	380859408002288	0	0	0	2.65	0.0	0.0	Yes	No	No

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Total Population
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Service

0

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0

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[illegible]

0

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